MULTIPLE DEPENDENT CLAIM APPLICANT'S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. DEP. DEP. IND. DEP. IND. IND. DEP. g 23 3.3 **9** TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL TOTAL

SERIAL NO.

FILING DATE